

City of Homestead

COMMUNITY REDEVELOPMENT AGENCY

COMMERCIAL ENHANCEMENT GRANT PROGRAM

GRANT REQUEST
Application

Submitted

By:

SANDBERN, INC.
1200 NW 4th Street
Homestead, Florida

February 11, 2016

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SANDBERN, INC.

1200 NW 4th Street
Homestead, Florida

February 11, 2016

Mr. Eddie Sanchez
City of Homestead
Community Redevelopment Agency
Homestead, Florida

Dear Eddie:

Per your request, we have attached revisions and up-dates to the Commercial Enhancement Grant Program application submitted last September 12, 2014.

Some of the work listed in the September, 2014 application has been completed and additional improvements have been added to this supplemental application. We have documented each item in the revised summary of work to be done with proposals from all contractors.

In addition, we have up-dated the proof of taxes having been paid, the current utility bill having been paid, a current certificate of insurance which has not changed and copies of the current Local Business Tax Receipt from both the City of Homestead and Miami-Dade County.

We wish to point out that the improvements requested shall be to enhance the interior space of the office area of the property – we have signed a 5 year lease with a 5 year option for a national company, US Pipe Fabrication, to occupy the property – they will be hiring within the first year approximately 25 individuals from the local area. Their presence in Homestead will add considerable benefits both to the local economy and the tax base of the City.

We trust the attached will complete the application for approval – please advise if there is any additional documentation that should be included in the application that would assist in securing prompt submittal and approval.

Your kind assistance in the handling of this matter is greatly appreciated – thank you.

Kindest regards,

Bernard Schumacher

Bernard Schumacher
Property Owner



COMMUNITY REDEVELOPMENT AGENCY

Enhancing your Community

COMMERCIAL ENHANCEMENT GRANT APPLICATION

APPROVAL PROCESS

Grant proposals will be accepted by the CRA and reviewed on a first come first serve basis, until the allocated funds have been exhausted. CRA staff or designee will evaluate the grant proposals to determine funding priority and will decide from then on.

CHECKLIST OF DOCUMENTS TO BE PROVIDED

Please retain a copy of all items submitted to eRA. Failure to provide the following information may render the application incomplete.

YES	NO	DESCRIPTION
	X	Lease Agreements for any building tenants or occupants on the property and affected by the rehabilitation work
X		Proof of ownership of the property: (If owned by corporation or company, provide copy of articles of incorporation or articles of organization and list of corporate officers and members.)
	X	If the applicant is a tenant or lessee of the property, property owner's consent to the enhancement improvement application is required.
X		Proof of property taxes paid on the property proposed for rehabilitation, including current year's taxes, if due, and prior years.
	X	Certificate of Appropriateness from the Historic Preservation Board (If applicable)
X		Three photos. Pictures to include close-up of property front view; block front view of same side of street; and block front view across the street from the property.
X		Proof of payment of all services and utility charges due on the property.

SECTION 1

Contact Name:

Bernard Schumacher

Contact Number:

305-247-1111

Contact Email Address:

entol@ix.netcom.com

Contact Address:

1200 NW 4 Street, Homestead, FL 33030

Business Name:

Entol Industries, Inc

Type of Business:

Corporation

Manufacturing

Business Address:

1200 NW 4 Street, Homestead, FL 33030

FEIN:

20-5359595

Property Owner Name:

SANDBERN INC

Property Owner's Mailing Address:

1200 NW 4 ST HOMESTEAD ,
FL 33030

Property Legal Description:

LOTS 3-4-5 SO DADE IND
SITES PB 65-99

Folio #:

10-7813-057-0020

Description of Proposed Improvements:

Insulation over office area

Offices, replace metal all grid & and old acoustical material

Hurricane Shutters f/office areas

Replace or overhaul 2 HVAC units, West Office and Mezzanine

Update Bathrooms

Replace damaged factory metal wall panel(s) on south side of building

Estimated Cost of Project: \$ 38,000

Replace factory lighting in additional areas not currently updated, for the new energy efficient fixtures

MEMO

TO: City of Homestead – Improvement Grant Application

RE: Revised Scope of Improvements
1200 NW 4th Street, Homestead, Florida

DATE: February 11, 2016

Items of Improvement:

1. Replace two (2) existing non-functioning Air Conditioning units	\$ 3,700.00
with two (2) new units:	\$ 4,800.00
2. Install new acoustical ceiling tile throughout the office area:	\$19,800.00
3. Install decorative ceiling panels per attached sketch:	\$ 7,787.75
4. Shampoo carpet and clean and polish floors throughout office area:	\$ 1,827.84
5. <u>Replace inoperative sump pump with new unit</u>	<u>\$ 1,237.50</u>

Total Interior Improvement schedule: \$39,153.09

Maximum Grant request: \$25,000.00

Grant Amount less In-Kind Matching Funds \$31,365.34

Matching Funds Requirement at 25%: \$ 7,769.46

Less: In-kind matching funds (item 3 above): \$ 7,787.75

Net Matching Funds Cash Requirement: \$ 18.29

Net Grant Request Amount after In-Kind matching funds including cash: \$23,559.30

CONTRACT PROPOSAL

Below Zero Air Conditioning Inc.

13040 SW 81 Street Miami Fl 33183
Tele (305)970-8314 Fax (305)388-5255
CMC 1249471

1/28/2016

Owner: Entol Industries Inc.

Job Address: 1200 NW 4 St
Homestead, Fl 33033

I. Scope of Work: Installation of a new air conditioning 5 ton carrier 16.00 seer

- Connecting existent supply duct to the new unit
- Connecting existent electric connection and drain line
- 10 year warranty in compressor and electrical parts by factory
- Labor 1 year

II. Terms: Payment to be made as follows:

On completion of work

III. Total price \$4800.00

Acceptance of Proposal – The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are hereby authorized to do the work specified. Payment will be made as outlined above.

Owner Signature _____ *Jorge Barrios Owner, Below Zero A/C Inc.*

Date of Acceptance _____ Signature _____

CONTRACT PROPOSAL

Below Zero Air Conditioning Inc.

13040 SW 81 Street Miami FL 33183
Tele (305)970-8314 Fax (305)388-5255
CMC 1249471

1/29/2016

Owner: Entol Industries Inc.

Job Address: 1200 NW 4 St
Homestead, FL 33033

I. Scope of Work: Installation of a new air conditioning 3 ton carrier 16 seer

- Connecting existent supply duct to the new unit
- Connecting existent electric connection and drain line
- 10 year warranty in compressor and electrical parts by factory
- Labor 1 year

II. Terms: Payment to be made as follows:

On completion of work

III. Total price \$3700.00

Acceptance of Proposal – The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are hereby authorized to do the work specified. Payment will be made as outlined above.

Owner Signature _____ *Jorge Barrios Owner, Below Zero A/C Inc.*

Date of Acceptance _____ Signature _____



ACOUSTI
ENGINEERING
COMPANY OF FLORIDA
www.acousti.com

- INTERIOR CONSTRUCTION SYSTEMS -
CEILINGS WALLS FLOORS

500 S.W. 21 Terrace, Suite #103B
Ft. Lauderdale, FL - 33312
Ph 954-791-6650
Fax 954-791-2498

To: Entol
1200 NW 4th Street
Homestead, Florida 33033

Date: January 28, 2016
Project: Entol Office
Location: 1200 NW 4th St. Homestead, Florida

Attn: Bernard Schumacher
CEO/Founder

We propose to furnish labor and materials for the above referenced project.

Lump Sum Price \$ 19,800.00

Inclusions:

- Plans provided by Entol Industries (No Date indicated)
- 20ga metal framing for DW
- 5/8" Drywall with Level 4 finish
- Provide 2X2 Armstrong Cirrus tile and 15/16" grid in rooms as indicated by Entol
- Provide 2X2 Armstrong Dune tile and 15/16" grid in rooms as indicated by Entol
- Provide 2X2 Armstrong Grid only (tile supplied by Entol) in rooms indicated by Entol

Exclusions:

- Patching of any existing DW Partitions
- Demolition of existing ACT ceilings
- Protection of office furniture and supplies

We propose to meet with you and your staff prior to construction to coordinate scheduling issues considering the office will be in use during construction. Please contact me if you have any questions.

Respectfully submitted
Acousti Engineering Company of Florida

Dan Fisher
DanFisher@acousti.com

ORLANDO, FL • WEST PALM BEACH, FL • MIAMI, FL • FT. LAUDERDALE, FL • PENSACOLA, FL • GAINESVILLE, FL • TAMPA, FL
• CHARLOTTE, NC • JACKSONVILLE, FL • COCOA, FL • FT. MYERS, FL • RALEIGH, NC • HOUSTON, TX • PETERSBURG, VA •
CLERMONT, FL • NASHVILLE, TN • ATLANTA, GA • DAPHNE, AL • TALLAHASSEE, FL • VENICE, FL



Manufacturer of Ornamental Ceiling Systems
Family Owned / American Made / Since 1971

1200 Northwest 4th Street
Homestead, Florida 33030

Tel 305-247-1111

FAX 305-247-6211

E-mail: sales@entol.com

www.entol.com

Monday, February 8, 2016

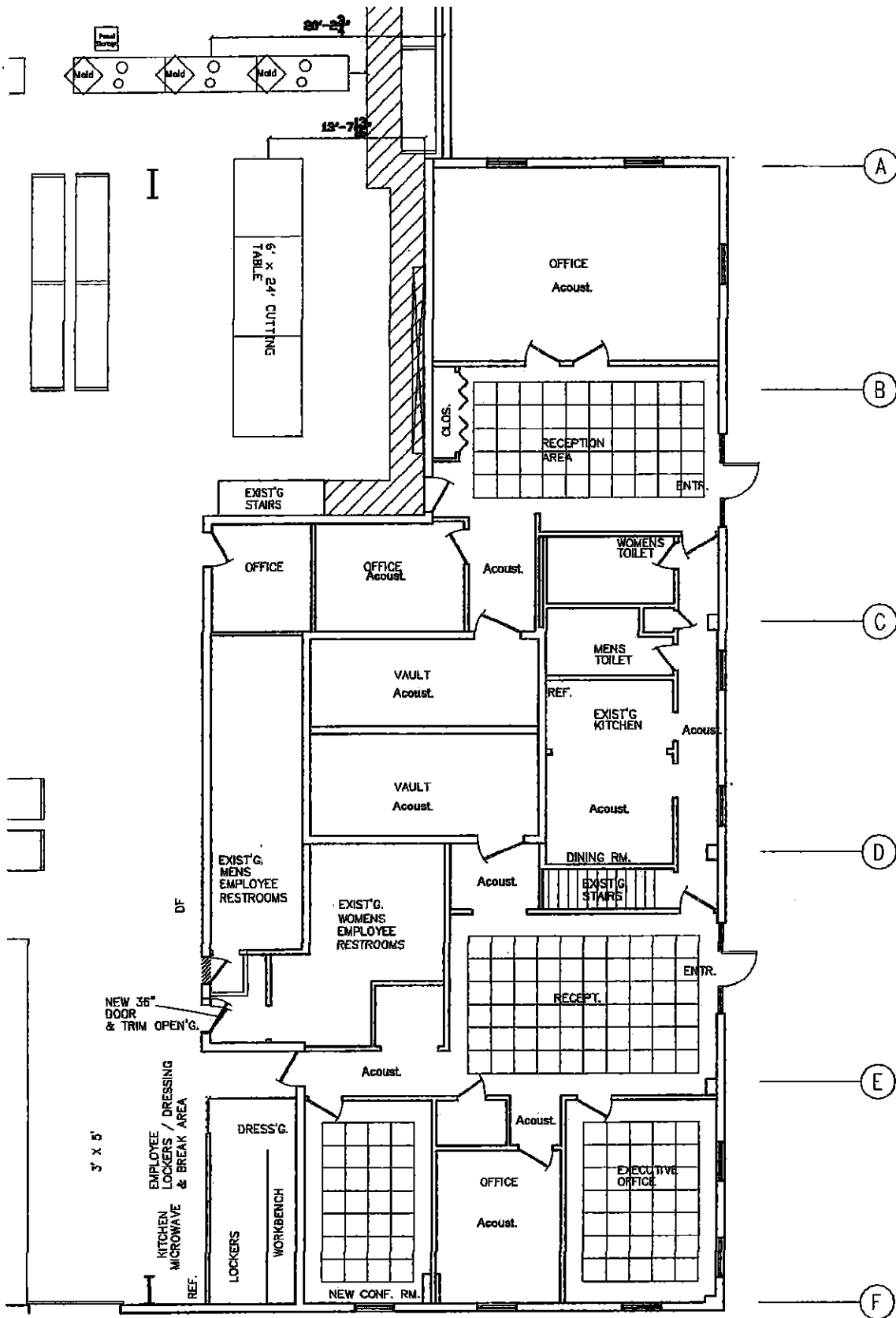
Sandbern, Inc.
1200 NW 4th Street
Homestead, Florida

Re: Ceiling Panels Per Drawings for Office Area
1200 NW 4th Street, Homestead

PROPOSAL

See Attached Drawing:

Conference Room	28	2' X 2' decorative panels	\$ 1,589.00
Executive Office	35	2' X 2' decorative panels	\$ 1,496.25
East Reception Area	60	2' X 2' decorative panels	\$ 2,565.00
West Reception Area	50	2' X 2' decorative panels	\$ 2,137.50
Total:	173	2' X 2' decorative panels	<u>\$7,787.75</u>



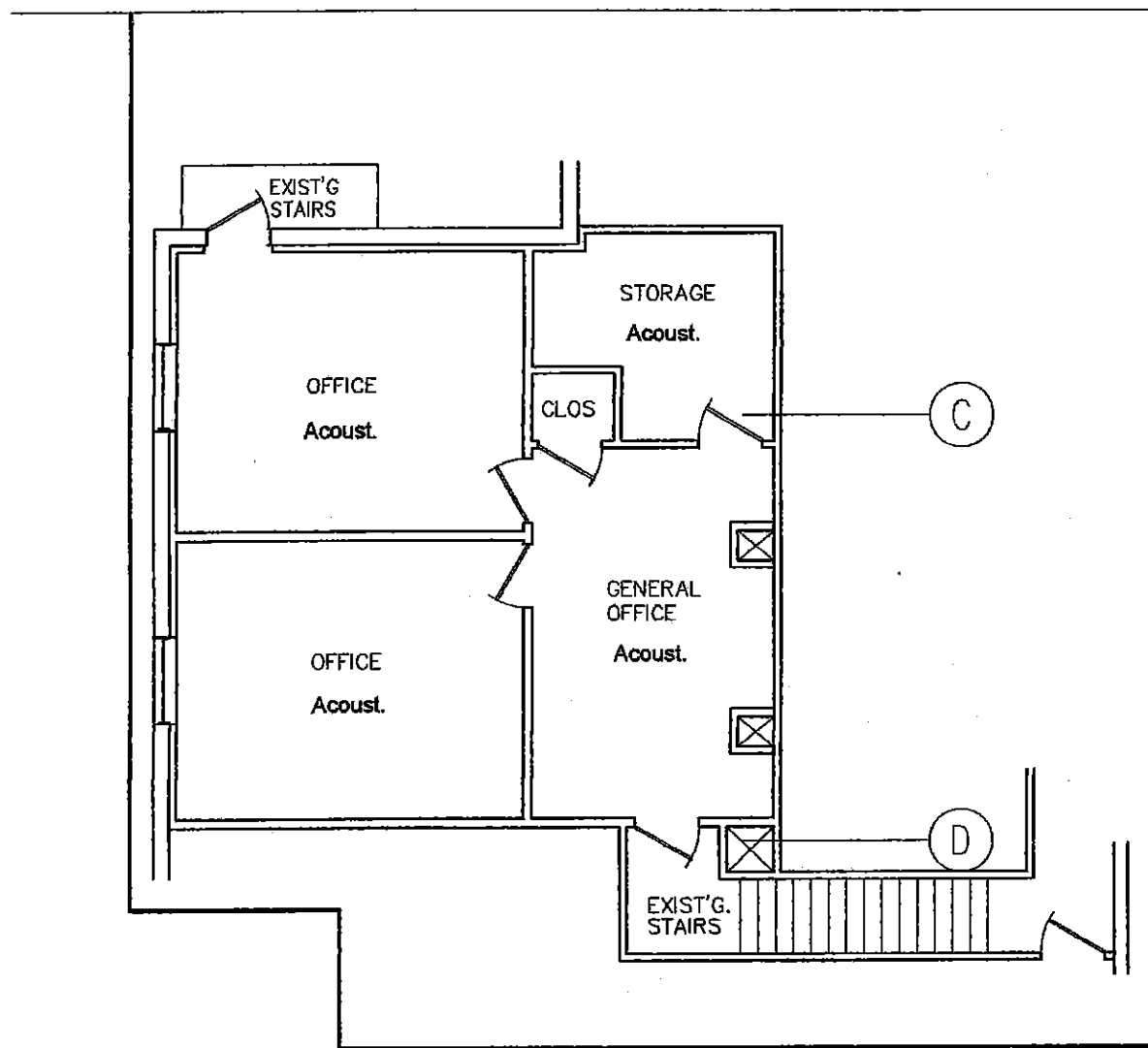
TITLE

EQUIPMENT PLAN NEW ENTOL PRODUCTION F

OFFICES & EMPL RESTROOMS

DRAWN BY R.II

APPROVED BY
CAR 1731 - Exhibit 2





ENTOL		Mike	1/20/2016
Company Name		Contact Name	Date
1200 NW 4th St	Homestead	FL	33030
Address	City	State	Zip
sales@entol.com	305-247-1111		
Contact Email	Phone(1)	Phone(2)	
Mike or Bernard		Wendy Carrio	
Cleaning Contact	Title	SSI Coordinator	

Portable need: N	Notes: Must have access to water and discharge	Sub -Total	\$ 1,827.84
Some stains may be permanent and visible after cleaning dries. Dry times may vary but should be 8-10 hours for carpet .		Sub -Total	Based on service
		Total	\$ 1,827.84

**PROPOSAL
LESTER'S PLUMBING, INC.
504 W MOWRY DR.
HOMESTEAD FL 33030
O: (305) 247-2851 / F: (305) 247-7145
LICENSED & INSURED / CFC 025543**

Proposal Submitted To: MIKE (ENTOL)
Job address: 1200 NW 4 ST
Phone: 786-258-6422
Email: MSENTOL@MINDSPRING.COM

Date: 2-11-16

1.) FURNISH AND INSTALL 1- STA-RITE SC750120T SUMP PUMP WITH FLOAT

NOTE: ELETRIC WORK BY OWNER

TOTAL: \$1,237.50

PAYMENT BY CREDIT CARD (MASTER CARD, VISA, AMX OR DISCOVER) CASH OR CHECK

Authorized Signature: _____
W. L. Dawkins jr.

This Proposal May Be Withdrawn In ...30...Days__

Acceptance of Proposal: _____

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by WORKMEN'S COMP. INS.

SECTION 2

1 10000 0000 10000 10000 10000 10000 10000 10000 10000 10000

CFN 2009R0777979
DR Bk 27063 Pg 0904; (1pg)
RECORDED 10/27/2009 14:46:14
DEED DDC TAX 0.60
SURTAX 0.45
HARVEY RUVIN, CLERK OF COURT
MIAMI-DADE COUNTY, FLORIDA
LAST PAGE

This Document Prepared By and Return to:
Philip L. Collier, Esquire
Philip L. Collier, P.A.
8500 SW 92 Street, Suite 106
Miami, FL 33156

Parcel ID Number: 10-7813-057-0020

Special Warranty Deed

This Indenture, Made this 9 day of October, 2009 A.D. Between
SANDBERN, INC F/K/A ENTOL INDUSTRIES, INC, a corporation existing under
the laws of the State of Florida
of the County of Miami-Dade, State of Florida, grantor, and
SANDBERN, INC, a corporation existing under the laws of the State of
Florida
whose address is: 1200 NW 4 Street, Homestead, FL 33030

of the County of Miami-Dade, State of Florida, grantee.
Witnesseth that the GRANTOR, for and in consideration of the sum of

-----TEN DOLLARS (\$10)----- DOLLARS,
and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has
granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever, the following described land, situate,
lying and being in the County of Miami-Dade, State of Florida to wit:

Lot 3, 4 and 5, of South Dade Industrial Sites according to the map
or plat thereof as recorded in Plat Book 65, Page 99, of the Public
Records of Miami-Dade County, Florida.

Subject to conditions, reservations, limitations, easements and
restrictions of record, if any, however this shall not reimpose the
same, and taxes subsequent to December 31, 2008.

This Special Warranty Deed is being recorded to reflect in the Public
Records the change of name of ENTOL, INDUSTRIES, INC, to SANDBERN
INC., being the same corporation that originally took title to the
property.

Together with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantees that grantor is lawfully seized of said land in fee simple; that grantor has
good right and lawful authority to sell and convey said land; that grantor hereby fully warrants the title to said land and will
defend the same against the lawful claims of all persons claiming by, through or under grantor.

In Witness Whereof, the grantor has hereunto set its hand and seal the day and year first above written.

Signed, sealed and delivered in our presence.

SANDBERN, INC F/K/A ENTOL
INDUSTRIES, INC

Printed Name: Sandra Schumacher
Witness

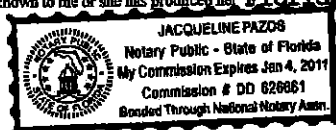
By: Sandra Schumacher (Seal)
SANDRA SCHUMACHER, President
P.O. Address: 1200 NW 4 Street, Homestead, FL 33030

Printed Name: J. Schumacher
Witness

(Corporate Seal)

STATE OF Florida
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 9 day of October, 2009 by
SANDRA SCHUMACHER, President of SANDBERN, INC F/K/A ENTOL INDUSTRIES,
INC, a Florida Corporation, on behalf of the corporation
she is personally known to me or she has produced her Florida driver's license as identification.



Printed Name: Jacqueline Pazos
Notary Public
My Commission Expires:

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 379865

Entity Name: SANDBERN, INC.

Current Principal Place of Business:

1200 N.W. 4 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

1200 N.W. 4 STREET
HOMESTEAD, FL 33030 US

FEI Number: 59-1323285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUMACHER, SANDRA PRES
1200 N.W. 4 STREET
HOMESTEAD, FL 33030-5622 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRA SCHUMACHER

01/26/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SCHUMACHER, BERNARD
Address 1200 N.W. 4 STREET
City-State-Zip: HOMESTEAD FL 33030

Title PTD
Name SCHUMACHER, SANDRA
Address 1200 N.W. 4 STREET
City-State-Zip: HOMESTEAD FL 33030-5622

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA SCHUMACHER

PRES

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

APPLICANT'S AFFIDAVIT

The applicant(s) does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) That he/she has the requisite authority to submit this Application to the City of Homestead Community Redevelopment Agency; (b) That there are no liens filed against the property or any portion thereof; (c) That there have been no repairs, improvements, labor, materials, or services bestowed upon the property or any portion thereof for which any or all of the cost of the same remains unpaid; (d) That no person, firm, or corporation is entitled to a mechanic's lien against the Property or any portion thereof under Chapter 713 of the Florida Statutes; (e) That there are no facts known to the property owner which would give rise to such a claim being asserted against the Property or any portion thereof; (f) That there are no unsatisfied judgments or any federal, state, or county tax deficiencies, which are a lien against the property or any portion thereof; (g) That there are no actions to proceedings now pending in any state or federal court to which the property owner is a party which would affect the title to the property or any portion thereof; and (h) That all the information, documents, submittals provided and made part of the application are true and correct.

The applicant(s) and property owner also hereby certifies that he/she has read and understood the required policies and procedures for the grant application and award attached hereto and agrees to be bound by the terms and conditions therein.



Signature of Applicant

9/12/14

Date

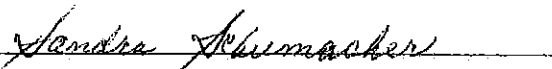
FL DR LIC:

BERNARD SCHUMACHER

Print Name

S526-097-32-269-0

Valid Identification



Signature of Applicant

9/12/14

Date

SANDRA SCHUMACHER

Print Name

FL DR LIC. S526-781-35-924-0

Valid Identification

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Sworn to and subscribed before me this 12 day of September of 2014, by
Mr. Bernard and Sandra Hummel who (check one) ☐ is personally known to me or ☐ has
produced a Florida DL License as identification.

[SEAL]



[Signature]
Notary Public, State of Florida

Print Name of Notary MARTHA TANGHERLINI
Commission No. FF 110625
Commission Expires 4/7/18

PROPERTY OWNER'S CONSENT AFFIDAVIT

The property owner does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) that is the owner of fee simple title to the property which is the subject of the application; that he/she agrees with the submission of the application to the City of Homestead Community Redevelopment Agency for the sole purpose of requesting a Commercial Enhancement Grant.

Bernard Schumacher
Signature of Property Owner

Sep. 12, 2014
Date

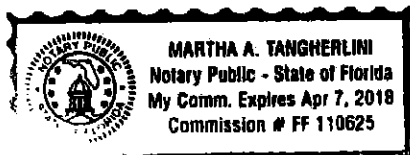
BERNARD SCHUMACHER
Print Name

FLDLIC: S526-097-32-269-0
Valid Identification

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Sworn to and subscribed before me this 12 day of September of 2014 by
Mr. Bernard Schumacher who (check one) ☐ is personally known to me or ☐ has
produced a Florida DL license as identification.

[SEAL]



Martha Tangherlini
Notary Public, State of FL

Martha Tangherlini
Print Name of Notary
Commission No. _____
Commission Expires _____



City of Homestead

Local Business Tax Receipt

Tax Receipt No: 0000823

Expiration Date: 09/30/2016

License Type: COM

Tax Receipt Name:

ENTOL INDUSTRIES, INC.
1200 NW 4TH ST
HOMESTEAD, FL 33030-5621

Category	Description	Units
39000	MFG - INDUSTRIES - MISC	1.00

Hours of Operation:
Comments:

Note: If any information is incorrect, please call: 305-224-4504

Mailing Address:

ENTOL INDUSTRIES, INC.
1200 NW 4 ST.,
HOMESTEAD, FL 33030

The issuance of a local business tax receipt does not permit the licensee to violate any zoning laws of the county or municipality, nor does it exempt the licensee from any other license or permit that may be required by law, nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified hereon.

CITY OF HOMESTEAD
TAX RECEIPT DIVISION
650 N.E. 22 TERRACE
HOMESTEAD, FLORIDA 33033

THIS TAX RECEIPT MUST BE PROMINENTLY DISPLAYED

000141

Local Business Tax Receipt
Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY-

LBT

321588

BUSINESS NAME/LOCATION

ENTOL INDUSTRIES INC
1200 NW 4 ST
HOMESTEAD FL 33030

RECEIPT NO.

RENEWAL
321588

EXPIRES

SEPTEMBER 30, 2016

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

ENTOL INDUSTRIES INC
Employee(s) 10

SEC. TYPE OF BUSINESS

206 MFG/RECYCLING/PROCESSING

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$45.00 09/16/2015
CHECK 21-15-130457

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc. dba T.R. Jones & Co. 1780 N Krome Ave Homestead FL 33030	CONTACT NAME: Nancy Munoz PHONE (A/C No, Ext): (305) 247-5121 FAX (A/C No): (305) 248-8543 E-MAIL ADDRESS: nmunoz@bbinsfl.com														
INSURED Entol Industries, Inc. 1200 N. W. 4th Street Homestead FL 33030	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Monroe Guaranty Insurance Company</td><td>32506</td></tr><tr><td>INSURER B: FCCI Insurance Company</td><td>10178</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Monroe Guaranty Insurance Company	32506	INSURER B: FCCI Insurance Company	10178	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Monroe Guaranty Insurance Company	32506														
INSURER B: FCCI Insurance Company	10178														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 2015 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL 0003117 12	11/11/2015	11/11/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA 0005178 12	11/11/2015	11/11/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	001-WC15A-69027	8/20/2015	8/20/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

T Jones Jr./NANMUN

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ACORD 25 (2014/01)

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INS025 (201401)

CAR 1731 - Exhibit 2

SECTION 3

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Real Estate Tax Information

Folio Number(s): 10-7813-057-0020 **\$20,648.84**

Total Tax Amount: \$20,648.84

Payment Confirmation

Tax Description Real Estates Property Taxes
Account Number(s) 10-7813-057-0020
Payment Timestamp February 08, 2016 01:02:18 PM
Amount Paid **\$20,648.84**
Payment Type e-Check
Order Number **4784493**
Processor Reference Number 118054705
Authorization Number 425211033
Account Holder Name Entol Industries Inc

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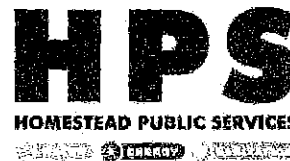
SECTION 4

Your HPS Utilities Statement

ENTOL INDUSTRIES INC
Service Address:
1200 NW 4 ST
Account #:
000748985-000132185

Rate Class: INDUSTRIAL
Service Period:
12/09/2015-01/08/2016
Bill Date: 01/12/2016

Due Date: 02/08/2016

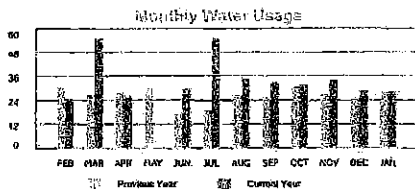


Community-Owned Services Since 1916

WATER SERVICE CHARGES

SERVICE	CONSUMPTION	CHARGE
Water Service Charge		\$37.09
Water Gallons Consumed (1,000s)	28.00	\$31.08
Water Total		\$68.17

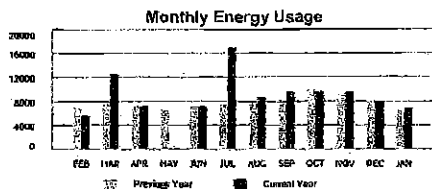
CURRENT USAGE
Meter: 22281219
Days: 30
Reading: 773.00
Multiplier: 1
Consumption: 28.00
Avg / Day: 0.93



ENERGY SERVICE CHARGES

SERVICE	CONSUMPTION	CHARGE
Electric Base Charge		\$35.67
Electric Consumption @ .0571	6,900.00	\$393.99
Demand Consumption @ 6.37	33.00	\$210.21
Electric Fuel Cost Adj. @ .03963	6,900.00	\$273.45
Electric Total		\$913.32

CURRENT USAGE
Days: 30
Reading: 1,748.00
Multiplier: 300
Consumption: 6,900.00
Avg / Day: 230.00



SANITATION SERVICE CHARGES

SERVICE	CONSUMPTION	CHARGE
Sewer Service Charge		\$54.45
Gallons Consumed (1,000s)	28.00	\$84.28
Sewer Total		\$138.73
Garbage Solid Waste		\$307.92
Recycling Fee (Cans)		\$2.78
Solid Waste Total		\$310.70
IND STRMWTR UTIL FEE		\$171.94
Storm Water Total		\$171.94
Sanitation Total		\$621.37

OTHER CHARGES

Hurricane Fee	\$1.02
Other Total	\$1.02

TAXES

Fl Gross Receipts Tx	\$22.83
Public Service Tax (Electric & Water)	\$70.81
Dade Co Dem (Water & Sewer)	\$16.55
Taxes Total	\$110.19

Previous Bill Amount	\$1,887.45
Payments	-\$1,887.45
Adjustments	\$0.00

SUMMARY OF CHARGES

Water Total	\$68.17
Energy Total	\$913.32
Sanitation Total	\$621.37
Other Total	\$1.02
Taxes Total	\$110.19
Current Charges	\$1,714.07
Balance Forward	\$0.00

Total Amount Due \$1,714.07

Paid on line Conf: Ua-BBD-7620

Comments:



ONLINE | Bill Pay

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Pay Your Bill

Thank you. Your payment has been submitted.

Payment Result: Approved

Payment Amount \$1,714.07

Account Info 000748985-00132185
1200 NW 4 ST

Confirmation # UaB8D7BE8

[Print this Confirmation »](#)[Pay Another Bill »](#)

Save Time By Registering.

Hate searching around for your account number every month?
Simplify paying your bill by registering your account.Account Info 000748985-00132185
1200 NW 4 ST

Email Address ex. jdoe@example.com

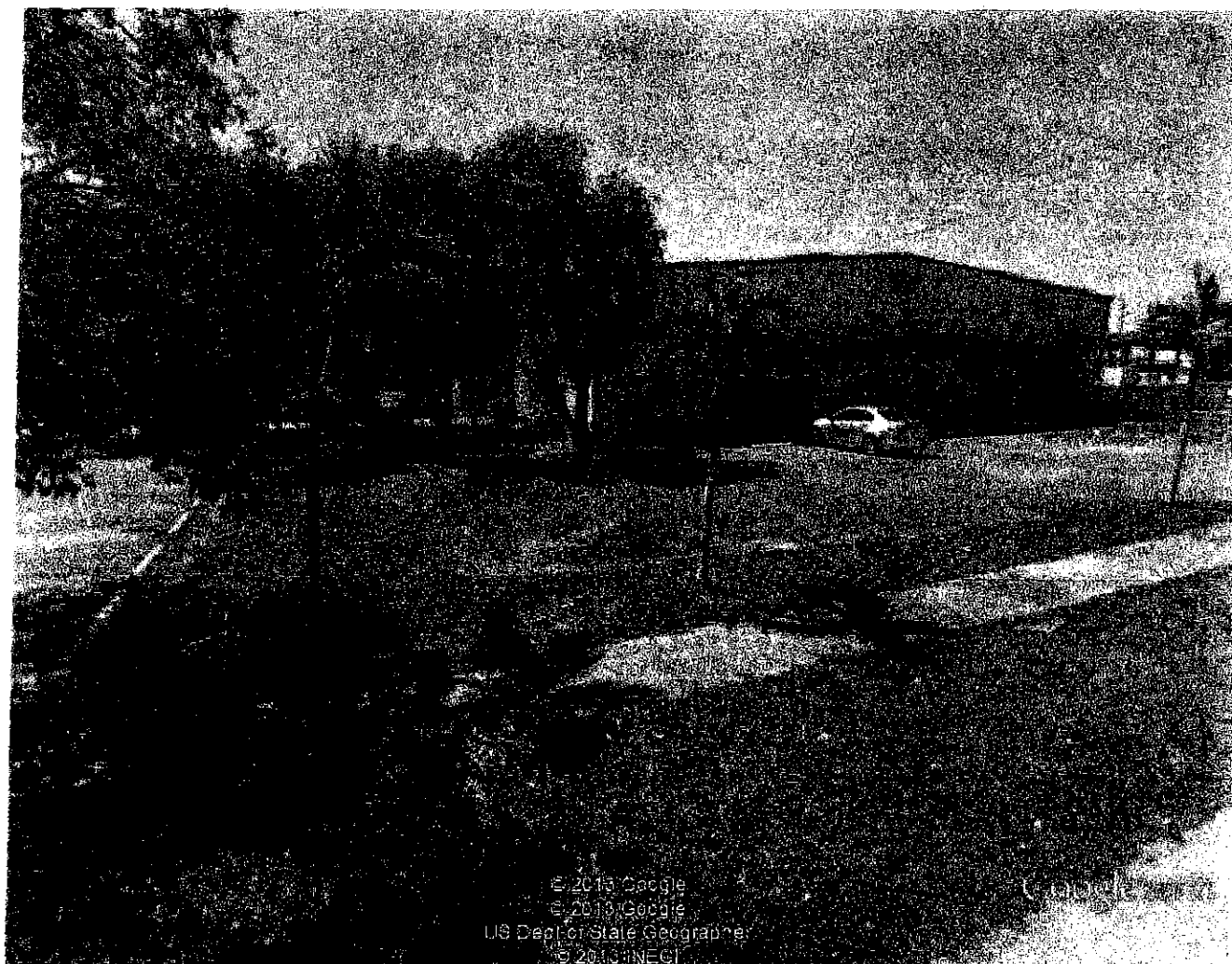
Confirm Email 000748985-00132185

Password

Confirm
Password[Register »](#)City of Homestead
711 N.E. 1st Road
Homestead, FL 33030
Phone: (305) 224-4800
CustomerServiceQuestions@CityofHomestead.comHours
Monday-Friday
8:00am - 5:00pm

SECTION 5

Street Level Photo

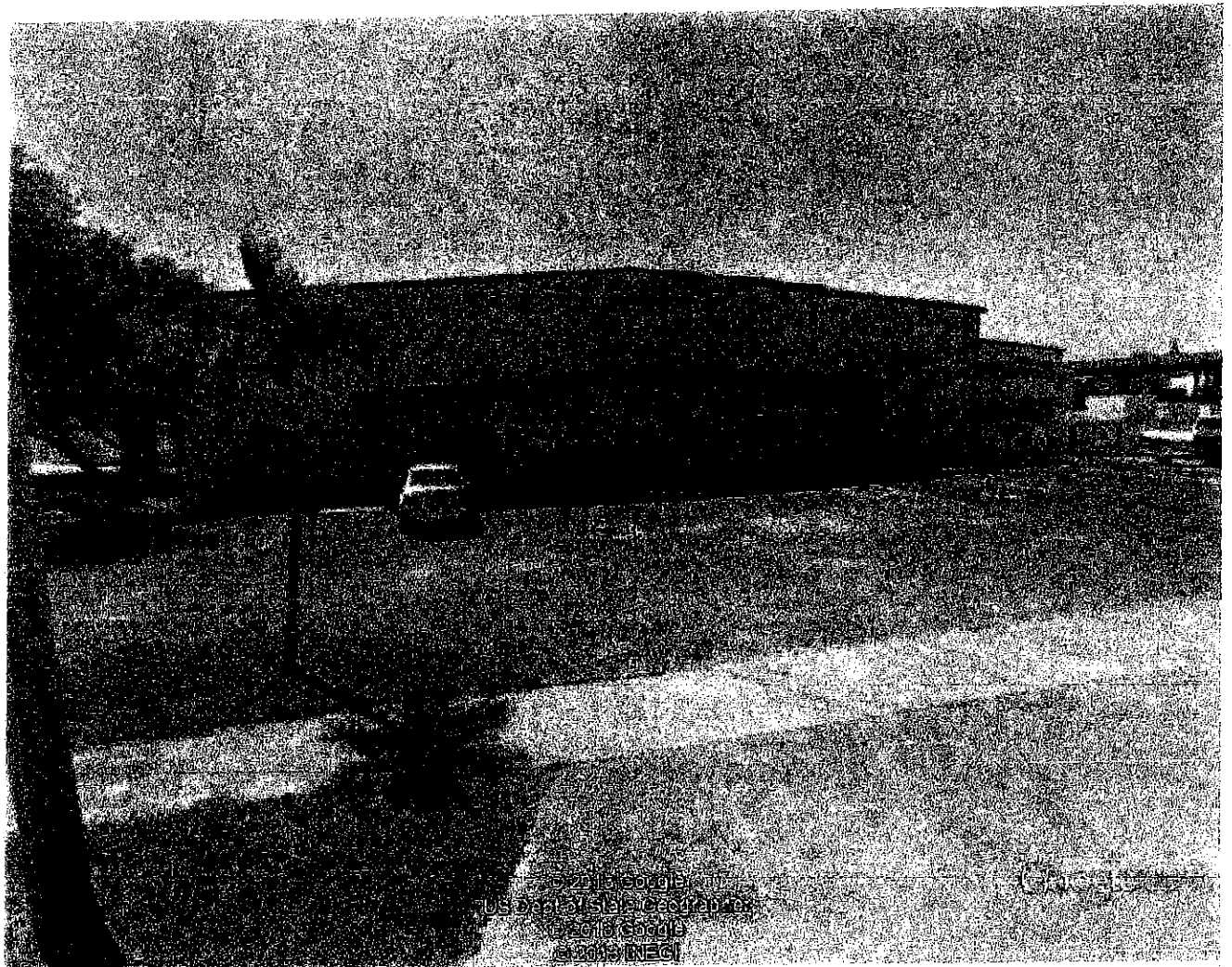


Google earth

feet 9
meters 2



Street Level Photo



Google earth

feet
meters

